

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO.

1234567

LAB ACCESSION NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

A. Employer Name, Address, I.D. No. \_\_\_\_\_ B. MRO Name, Address, Phone and Fax No. \_\_\_\_\_

C. Donor SSN or Employee I.D. No. \_\_\_\_\_

D. Reason for Test:  Pre-employment  Random  Reasonable Suspicion/Cause  Post Accident  
 Return to Duty  Follow-up  Other (specify) \_\_\_\_\_

E. Drug Tests to be Performed:  THC, COC, PCP, OPI, AMP  THC & COC Only  Other (specify) \_\_\_\_\_

F. Collection Site Address: \_\_\_\_\_

Collector Phone No. \_\_\_\_\_

Collector Fax No. \_\_\_\_\_

**STEP 2: COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark \_\_\_\_\_

Specimen Collection:  Split  Single  None Provided (Enter Remark) \_\_\_\_\_  Observed (Enter Remark) \_\_\_\_\_

REMARKS \_\_\_\_\_

**STEP 3:** Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

*I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.*

\_\_\_\_\_ Signature of Collector \_\_\_\_\_ Time of Collection \_\_\_\_\_ AM/PM

\_\_\_\_\_  
(PRINT) Collector's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_

**SPECIMEN BOTTLE(S) RELEASED TO:** \_\_\_\_\_  
Name of Delivery Service Transferring Specimen to Lab

**RECEIVED AT LAB:**

\_\_\_\_\_ Signature of Accessioner \_\_\_\_\_

\_\_\_\_\_  
(PRINT) Accessioner's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_

**Primary Specimen Bottle Seal Intact**  Yes  No, Enter Remark Below \_\_\_\_\_

**SPECIMEN BOTTLE(S) RELEASED TO:** \_\_\_\_\_

**STEP 5a: PRIMARY SPECIMEN TEST RESULTS - COMPLETED BY PRIMARY LABORATORY**

NEGATIVE  POSITIVE for:  MARIJUANA METABOLITE  CODEINE  AMPHETAMINE  ADULTERATED  
 DILUTE  COCAINE METABOLITE  MORPHINE  METHAMPHETAMINE  SUBSTITUTED  
 REJECTED FOR TESTING  PCP  6-ACETYLMORPHINE  INVALID RESULT

REMARKS \_\_\_\_\_

TEST LAB (if different from above) \_\_\_\_\_

*I certify that the specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.*

\_\_\_\_\_ Signature of Certifying Scientist \_\_\_\_\_ (PRINT) Certifying Scientist's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_

**STEP 5b: SPLIT SPECIMEN TEST RESULTS - (IF TESTED) COMPLETED BY SECONDARY LABORATORY**

\_\_\_\_\_  
Laboratory Name

\_\_\_\_\_  
Laboratory Address

RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_

*I certify that the split specimen identified on this form was examined upon receipt, handled using chain of custody procedures, analyzed, and reported in accordance with applicable Federal requirements.*

\_\_\_\_\_ Signature of Certifying Scientist \_\_\_\_\_ (PRINT) Certifying Scientist's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_

PEEL		1234567	A	PLACE OVER CAP	1234567	_____ Date (Mo. Day Yr.)
		SPECIMEN ID NO.			<b>SPECIMEN BOTTLE SEAL</b>	_____ Donor's Initials
PEEL		1234567	B (SPLIT)	PLACE OVER CAP	1234567	_____ Date (Mo. Day Yr.)
		SPECIMEN ID NO.			<b>SPECIMEN BOTTLE SEAL</b>	_____ Donor's Initials

COPY 1 - LABORATORY

OMB No. 0930-0158

PRESS HARD - YOU ARE MAKING MULTIPLE COPIES

0000-0000-0225

**Drug Form Part 1**  
 Face Inks: 000 BLK / 000 RED  
 Date: 05/09/00  
 Not To Use For Colormatch  
 Follow PMS Guide For Colors

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO.

1234567

LAB ACCESSION NO.

2A

STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone and Fax No. C. Donor SSN or Employee I.D. No. D. Reason for Test: Pre-employment, Random, Reasonable Suspicion/Cause, Post Accident, Return to Duty, Follow-up, Other (specify). E. Drug Tests to be Performed: THC, COC, PCP, OPI, AMP, THC & COC Only, Other (specify). F. Collection Site Address. Collector Phone No. Collector Fax No.

OMB No. 0930-0158

STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Yes No, Enter Remark. Specimen Collection: Split, Single, None Provided (Enter Remark), Observed (Enter Remark).

REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.

Signature of Collector, Time of Collection (AM/PM), (PRINT) Collector's Name (First, MI, Last), Date (Mo./Day/Yr.), SPECIMEN BOTTLE(S) RELEASED TO: Name of Delivery Service Transferring Specimen to Lab

RECEIVED AT LAB: Signature of Accessioner, (PRINT) Accessioner's Name (First, MI, Last), Date (Mo./Day/Yr.), Primary Specimen Bottle Seal Intact (Yes/No, Enter Remark Below), SPECIMEN BOTTLE(S) RELEASED TO:

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

Signature of Donor, (PRINT) Donor's Name (First, MI, Last), Date (Mo./Day/Yr.), Daytime Phone No., Evening Phone No., Date of Birth (Mo./Day/Yr.), Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable Federal requirements, my determination/verification is: NEGATIVE, POSITIVE, TEST CANCELLED, REFUSAL TO TEST BECAUSE: DILUTE, ADULTERATED, SUBSTITUTED. REMARKS. Signature of Medical Review Officer, (PRINT) Medical Review Officer's Name (First, MI, Last), Date (Mo./Day/Yr.)

STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN

In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is: RECONFIRMED, FAILED TO RECONFIRM - REASON. Signature of Medical Review Officer, (PRINT) Medical Review Officer's Name (First, MI, Last), Date (Mo./Day/Yr.)

COPY 2 - MEDICAL REVIEW OFFICER COPY

0000-0000-0225

Drug Form Part 2 Face Inks: 000 BLK / 000 RED Date: 05/09/00 Not To Use For Colormatch Follow PMS Guide For Colors

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. **1234567**

LAB ACCESSION NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

A. Employer Name, Address, I.D. No. _____  C. Donor SSN or Employee I.D. No. _____ D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____ E. Drug Tests to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____ F. Collection Site Address: _____  Collector Phone No. _____ Collector Fax No. _____	B. MRO Name, Address, Phone and Fax No. _____          OMB No. 0930-0158
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**STEP 2: COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) _____ <input type="checkbox"/> Observed (Enter Remark) _____
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REMARKS \_\_\_\_\_

**STEP 3:** Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

*I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.*

X _____ Signature of Collector _____ (PRINT) Collector's Name (First, MI, Last)	Time of Collection _____ Date (Mo./Day/Yr.) _____	<b>SPECIMEN BOTTLE(S) RELEASED TO:</b>  _____ Name of Delivery Service Transferring Specimen to Lab
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<b>RECEIVED AT LAB:</b> X _____ Signature of Accessioner _____ (PRINT) Accessioner's Name (First, MI, Last)	Date (Mo./Day/Yr.) _____	<b>Primary Specimen Bottle Seal Intact</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below _____	<b>SPECIMEN BOTTLE(S) RELEASED TO:</b>  _____
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**STEP 5: COMPLETED BY DONOR**

*I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.*

X _____ Signature of Donor	_____ (PRINT) Donor's Name (First, MI, Last)	Date (Mo. / Day / Yr.) _____
Daytime Phone No. ( ) _____	Evening Phone No. ( ) _____	Date of Birth _____ Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

*In accordance with applicable Federal requirements, my determination/verification is:*

NEGATIVE     POSITIVE     TEST CANCELLED     REFUSAL TO TEST BECAUSE:  
                                   DILUTE     ADULTERATED     SUBSTITUTED

REMARKS \_\_\_\_\_

X _____ Signature of Medical Review Officer	_____ (PRINT) Medical Review Officer's Name (First, MI, Last)	Date (Mo./Day/Yr.) _____
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**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN**

*In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:*

RECONFIRMED     FAILED TO RECONFIRM - REASON \_\_\_\_\_

X _____ Signature of Medical Review Officer	_____ (PRINT) Medical Review Officer's Name (First, MI, Last)	Date (Mo./Day/Yr.) _____
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**COPY 3- COLLECTOR COPY**

0000-0000-0225

**Drug Form Part 3**  
 Face Inks: 000 BLK / 000 RED  
 Date: 05/09/00  
 Not To Use For Colormatch  
 Follow PMS Guide For Colors

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. **1234567** LAB ACCESSION NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

A. Employer Name, Address, I.D. No. \_\_\_\_\_ B. MRO Name, Address, Phone and Fax No. \_\_\_\_\_

C. Donor SSN or Employee I.D. No. \_\_\_\_\_

D. Reason for Test:  Pre-employment  Random  Reasonable Suspicion/Cause  Post Accident  
 Return to Duty  Follow-up  Other (specify) \_\_\_\_\_

E. Drug Tests to be Performed:  THC, COC, PCP, OPI, AMP  THC & COC Only  Other (specify) \_\_\_\_\_

F. Collection Site Address: \_\_\_\_\_

Collector Phone No. \_\_\_\_\_

Collector Fax No. \_\_\_\_\_

OMB No. 0330-0158

**STEP 2: COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) _____ <input type="checkbox"/> Observed (Enter Remark) _____
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REMARKS \_\_\_\_\_

**STEP 3:** Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

*I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.*

<input checked="" type="checkbox"/> _____ Signature of Collector	_____ AM Time of Collection	<b>SPECIMEN BOTTLE(S) RELEASED TO:</b> _____
_____ (PRINT) Collector's Name (First, MI, Last)	_____/_____/_____ Date (Mo./Day/Yr.)	

**RECEIVED AT LAB:**

<input checked="" type="checkbox"/> _____ Signature of Accessioner	_____ AM Time of Collection	<b>Primary Specimen Bottle Seal Intact</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below	<b>SPECIMEN BOTTLE(S) RELEASED TO:</b> _____
_____ (PRINT) Accessioner's Name (First, MI, Last)	_____/_____/_____ Date (Mo./Day/Yr.)		

**STEP 5: COMPLETED BY DONOR**

*I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.*

\_\_\_\_\_  
Signature of Donor

\_\_\_\_\_ (PRINT) Donor's Name (First, MI, Last)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (Mo. / Day / Yr.)

Daytime Phone No. ( ) \_\_\_\_\_ Evening Phone No. ( ) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

*In accordance with applicable Federal requirements, my determination/verification is:*

NEGATIVE  POSITIVE  TEST CANCELLED  REFUSAL TO TEST BECAUSE:  
 DILUTE  ADULTERATED  SUBSTITUTED

REMARKS \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Review Officer

\_\_\_\_\_ (PRINT) Medical Review Officer's Name (First, MI, Last)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (Mo./Day/Yr.)

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN**

*In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:*

RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_

\_\_\_\_\_  
Signature of Medical Review Officer

\_\_\_\_\_ (PRINT) Medical Review Officer's Name (First, MI, Last)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date (Mo./Day/Yr.)

**COPY 4- EMPLOYER COPY**

0000-0000-0225

**Drug Form Part 4**  
 Face Inks: 000 BLK / 000 RED  
 Date: 05/09/00  
 Not To Use For Colormatch  
 Follow PMS Guide For Colors

FEDERAL DRUG TESTING CUSTODY AND CONTROL FORM



SPECIMEN ID NO. **1234567**

LAB ACCESSION NO.

5A

OMB No. 0930-0158

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

A. Employer Name, Address, I.D. No. _____  C. Donor SSN or Employee I.D. No. _____ D. Reason for Test: <input type="checkbox"/> Pre-employment <input type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Post Accident <input type="checkbox"/> Return to Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Other (specify) _____ E. Drug Tests to be Performed: <input type="checkbox"/> THC, COC, PCP, OPI, AMP <input type="checkbox"/> THC & COC Only <input type="checkbox"/> Other (specify) _____ F. Collection Site Address: _____  Collector Phone No. _____ Collector Fax No. _____	B. MRO Name, Address, Phone and Fax No. _____   _____ _____ _____
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**STEP 2: COMPLETED BY COLLECTOR**

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark _____	Specimen Collection: <input type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) _____ <input type="checkbox"/> Observed (Enter Remark) _____
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REMARKS \_\_\_\_\_

**STEP 3:** Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

*I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable Federal requirements.*

X _____ Signature of Collector _____ (PRINT) Collector's Name (First, MI, Last)	_____ Time of Collection _____ Date (Mo./Day/Yr.)	AM PM	<b>SPECIMEN BOTTLE(S) RELEASED TO:</b> _____ Name of Delivery Service Transferring Specimen to Lab
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**RECEIVED AT LAB:**

X _____ Signature of Accessioner _____ (PRINT) Accessioner's Name (First, MI, Last)	_____ Date (Mo./Day/Yr.)	<b>Primary Specimen Bottle Seal Intact</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark Below _____	<b>SPECIMEN BOTTLE(S) RELEASED TO:</b> _____
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**STEP 5: COMPLETED BY DONOR**

*I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.*

X _____ Signature of Donor	_____ (PRINT) Donor's Name (First, MI, Last)	_____ Date (Mo. / Day / Yr.)
Daytime Phone No. ( ) _____	Evening Phone No. ( ) _____	Date of Birth _____ Mo. Day Yr.

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer will contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). —DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

*In accordance with applicable Federal requirements, my determination/verification is:*

NEGATIVE     POSITIVE     TEST CANCELLED     REFUSAL TO TEST BECAUSE:  
                                   DILUTE     ADULTERATED     SUBSTITUTED

REMARKS \_\_\_\_\_

X _____ Signature of Medical Review Officer	_____ (PRINT) Medical Review Officer's Name (First, MI, Last)	_____ Date (Mo./Day/Yr.)
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**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SPLIT SPECIMEN**

*In accordance with applicable Federal requirements, my determination/verification for the split specimen (if tested) is:*

RECONFIRMED     FAILED TO RECONFIRM - REASON \_\_\_\_\_

X _____ Signature of Medical Review Officer	_____ (PRINT) Medical Review Officer's Name (First, MI, Last)	_____ Date (Mo./Day/Yr.)
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**COPY 5- DONOR COPY**

0000-0000-0225

**Drug Form Part 5**  
 Face Inks: 000 BLK / 000 RED  
 Date: 05/09/00  
 Not To Use For Colormatch  
 Follow PMS Guide For Colors